



Meeting Report September 25, 2007

A quorum equals 9 people. A quorum was present at this meeting.

Attendance

Present

Aunsha Hall
Beth Harrison Prado
Charlie Kessinger
Michael Logsdon
Bruce Mullan
Gary Robertson
Monica Smith
Robert Stone
Deborah Wade
Krista Wood

Representatives

Terry Stallion (for Dr. LeBuhn)

Guests

Kambe Lattimore
Catherine Mullan
James Smith
Renée White

KDPH Staff

Karin Bosh
Trista Chapman
David Clark
Michael Hambrick
Kraig Humbaugh (for Dr. Hacker)
Sigga Jagne
Greg Lee
Beverly Mitchell
Stephen Ulrich

Excused

Bobby Edelen
Gary Fowler
Theresa Mayfield
Tim McAdoo
Kathleen O'Malley
Paul Trickel

Meeting Agenda

- 9:30 a.m. Welcome and Introductions**
David Clark, State Co-Chair
- 9:35 a.m. Ground Rules**
Robbie Stone, Community Co-Chair
- 9:40 a.m. Update on KHPAC Position**
Sigga Jagne, HIV/AIDS Branch Manager
- 9:50 a.m. Letter of Concurrence/Non-Concurrence For Prevention Grant
Finalization of Needs Assessment**
Stephen Ulrich, David Clark
- 10:20a.m. Break**
- 10:30a.m. Plan Strategies for TA**
David Clark
- 11:15 a.m. 2008 Timeline (Tabled until December 4, 2007)**

- 12:00 p.m. Lunch**
- 1:00 p.m. Nominations for Community Co-Chair, Policy & Promotion Chair, Member at Large**
Robbie Stone
- 1:30 p.m. CDC Membership Evaluation (done during Lunch)**
- 2:00 p.m. Grievance Policy Update**
Aunsha Hall
- 2:30 p.m. Presentation of Grievance to KHPAC Membership**
Krista Wood
- Drive Safely**

Meeting Overview

Welcome and Introductions

At 9:45 David Clark welcomed the group

Ground Rules

Robbie Stone read the KHPAC Ground rules

Update on KHPAC Position

Sigga Jagne introduced Kambe Lattimore, who will be taking the KHPAC Policy Specialist position beginning October 1, 2007. Kambe is originally from Zambia, came to KSU and received her MBA with a focus on biology. She has lived in England, the Ivory Coast where she volunteered in an AIDS clinic. Kambe is coming to us from the Personnel Cabinet where she does training and facilitation for state employees. Kambe plans on coordinating some of that with HIV.

Letter of Concurrence/Non-Concurrence For Prevention Grant

Stephen Ulrich provided an explanation on the "Letter of Concurrence/Non-concurrence." KHPAC is to look at how the state prioritized populations, interventions; and to validate the state's application to CDC in finding it consistent with their comprehensive plan and to state whether KHPAC was agreeable to the process of community planning. Charlie Kessinger asked for clarification "is that the only thing we'll be voting on today?" Dr. Kraig Humbaugh said "yes."

David: we need the letter to submit with the application to CDC by October 4.

Sigga: we've added some narrative to the epi piece. Karin Bosh: some of the tables needed more descriptive captions. Sigga: we'll make sure you get finalized copies. Robbie: resource inventory also updated. If you need copies of the needs assessment from last month, I have some. Robbie: letter of concurrence will be written by me and David. Last year we had letter of concurrence with reservation due to lack of needle exchange, etc. Bruce Mullan: does that stay in there? Robbie: if we decide so today.

David handed out updated timeline for KHPAC (meetings and processes).

Robbie: contracts aren't up until next year, when we also begin a new 5-year cycle with CDC. Are there any questions? Gary Robertson: I was wondering if eyeglasses were going to be added to what's available next year? Robbie: that would be in regard to the HRSA grant, not the CDC grant. Gary asked again for clarification. Stephen said that issues like eye glasses are part of the care grant, which is not what is due at this time; we're working on the prevention grant. Gary thought there was some opportunity to add these services as unmet needs in the gaps analysis ... David will talk with him later on that. Dr. Humbaugh: since this is the same document that will go into the other grant, we do need to add something about that before it's submitted. David will do so.

Robbie asked: do we have concurrence, non-concurrence, or concurrence with reservation? Bruce: I move for concurrence with reservation. Charlie 2nd Robbie called for consensus, which was reached.

Deborah Wade asked for clarification on what a "letter of concurrence with reservation" meant. Robbie explained that it was not a negative comment on the application, but that the reservations were about ongoing unmet needs, such as needle exchange.

The question of quorum was raised. Greg Lee checked the records with David and Stephen. Including the technicalities of membership status, at this point in the meeting we have 8 (so far) of 15 voting members present, so quorum is met.

Krista Wood: expressed concern that so many members' applications have not been processed yet by the Governor's office. We have people who are committed to doing this work, but are being held up. They need to be reimbursed just as we are. Can't we do something to change the bylaws?

Robbie: it's already in the bylaws. Applicants who are not fully processed by state DO have voting rights, but are not reimbursed. Charlie: KHPAC doesn't even have a budget. Krista: move that to get this group up to par that we change the bylaws to include travel for members who are just getting started. Robbie: let's take that to the executive committee rather than voting on it today. There was no 2nd to the motion, so the executive committee will review.

Robbie: now, what are the reservations that we have?

Krista: lack of additional funding to hire and retain prevention specialists. The amount of funding has not increased in four or five years. Current prevention specialists are not getting any increases again. Tom Collins: CDC funds were never intended to fully support a prevention program, but to add to what was already being done in the area. Any agency expecting their prevention program to be fully funded by CDC is going to fall short. We'd love for staff to have raises, but it will have to come from other funds, not CDC. Krista: that's the first time I've heard that we're expected to match part of our award. That's not been part of the grants. If a grant says to me that it requires no match, then I expect it to stand on its own funding. Tom: if you look at the RFP process, you'll see that we have historically expected agencies to put in additional resources. Now that the state has taken over the RFP process, I'm not sure what they will say next time, but it's always been in there up to the last time we initiated contracts. Sigga clarified that agencies do contribute.

Krista: we're losing our support for the CDC grant. Care was cut, so the most intense focus is on that right now, not prevention.

Robbie asked her to restate her reservation: Due to funding cuts, it is almost impossible to support prevention activities.

Krista: we need to have a category of high risk drug abuse (being more inclusive than just IDU ... need to include other drugs that impair judgment).

Gary: we've lost people from different districts in this group. Also, uncircumcised men have increased prevention issues and needs. Can't we include this as a target? David offered to put this issue in the parking lot since it was not related to the letter of concurrence.

Gary: what happened to all the resources we used to have? This list is too short. Robbie read over the list aloud, and then asked if anyone knew of any others. Gary: my next question is why don't we put this in the resource inventory? Robbie: these are the agencies that actually do prevention. In the HRSA grant, we list agencies that provide services with Ryan White funds. Gary: don't you think that the House of Ruth should be listed as a prevention provider? Gary went over to look at Robbie's papers. Several members asked to get back on track with the letter of concurrence.

Robbie: We are talking about creating another category of drug users, right? We do not have a big IDU problem in this state (in my opinion). Deborah: the numbers don't compare to those on meth or crack, or other drugs.

Sigga: Last year we sent a letter of concurrence, and then sent a separate letter on these issues that don't have anything to do with the grant. Some of our concerns are the same held across the country. Robbie read the response from CDC on our letter of concerns from the previous year (not in the letter of concurrence). The CDC letter thanked us for our concerns and said they would forward the concerns on upward in the CDC. Sigga: never under estimate that kind of response though; if enough states get this message to CDC, it can eventually get attention. Stephen: when the business end of CDC gets a letter of concurrence with reservation, they pay little attention to it ... it's not their focus in the business end. A separate letter to our Project Officer regarding our concerns will get more attention.

Robbie: then we need to back up. I agree with Stephen. If we go ahead with a letter of concurrence, then provide a letter of concerns, our voice has a better chance of getting heard (addressing directly to the project officer).

Deborah: we need to go back to our last vote, then... That was my question earlier: to concur with reservation sounds like we have reservations with the process that the state has gone through. That's not what we intend. Stephen: that's right. A letter with reservation says that KHPAC has issues or concerns at how we arrived at our prioritizations or interventions. The concerns should be addressed separately, from what I'm hearing as KHPAC's intent.

David: So do we concur that the state has essentially done what they were supposed to do with prioritized populations, interventions, and processes. Deborah: so we need to amend our first motion.

Deborah: I move to allow ourselves to vote to rescind our original vote where we decided to write a letter of concurrence with reservations. I want to be able to vote again on the question

of what type of letter. Robbie 2nd. Bruce: Now I'm confused ... we've done letters with reservations for nearly ten years. Krista: I agree. I think we need to be consistent. Sigga: last year we did not include reservations in the letter of concurrence. The concerns went in a separate letter, so as to gain more attention. Sigga explained again why we changed that last year. Sigga: Robbie, did the letters of concurrence with reservations get responses from CDC before last year? Robbie: No. Charlie: I think that it still should be in the letter of concurrence. The business office as well as the other offices should know our concerns. An additional letter would only help the case. David: the letter of concurrence with reservations would show that KHPAC has a problem with the community planning process of the application. We need to be careful about where we voice our concerns. The letter of concurrence is only in regard to the question: "I agree that the state met its obligations to the process." Deborah called for a vote on rescinding the previous decision to give a letter of concurrence with reservations. Vote passed. David asked about concerns on what we just voted on. Stephen explained that KHPAC's reservations are on things like: we need more funding; we need other things than DEBIs, etc. The other issue is whether or not the state followed due process. "Reservations" means that the process sometimes worked and sometimes didn't work. What we voted on here is to vote again on whether or not we have concurrence. Then we can vote on what to put in the letter of concerns for a separate letter.

Robbie: do we have concurrence on the grant process? Yes votes = 6. We will send a letter of concurrence to the CDC.

Krista: I move that we send a letter of concern to our Project Officer to address these additional concerns brought up today. Also, we need to add the concerns from our previous letters without any additional voting to include past letters concerns. Charlie 2nd. 7 yes votes. We will send an additional letter of concern and include the concerns from previous years without additional voting. Robbie will write it and send it out to as many people as he can before its due. Stephen: there is no deadline for the letter of concern.

Gary: let's add concerns of HIV among older people.

Clarification on voting: Terry Stallion is here as proxy for Dr. LeBuhn, so helps us make quorum, but has no vote.

Group took a fifteen minute break and reconvened at 11:30.

Plan Strategies for TA

David: Can anyone recall the Technical Assistance (TA) that we've had over the past 12 months? Deborah: We talked about one on cultural sensitivity. Sigga: we talked about PIR with someone from Border Health Foundation. Robbie: we had the guy from Chicago (Lloyd Kelly) talk with us about legislative process and working outside the box. Krista: I think we should also include Paige McGuire from the DOC. Bruce: That wasn't a full TA. Sigga: true, but it might be one to do in the future. David: Bill Behan from Connecticut talked about a combined (prevention and care) needs assessment. There was another TA at that retreat: Jeff Jones talked about where we've been and where we're going with needs assessments. Krista: State Branch has given TA on the HRSA grant process and on surveillance, epidemiology (beginning to include HIV) and the prioritization. Krista: We still need to revisit the tool used in the needs assessment for next time.

David: what do we need in ways of TA for next year? Robbie: Will there be a 2008 needs assessment? David: We could, if we have the need and the funds. Robbie: Is there not also a

Statewide Coordinated Statement of Need (SCSN) for the HRSA grant? Do we need TA on this? David thinks that the next SCSN is due in 2009. Krista: we don't have to wait until the SCSN is due; we can get started now.

Charlie: In the African American community we've already said that there is a growing epidemic. Should we not have TA on how to better reach them with effective prevention strategies?

Krista: This group has not been involved with the HRSA SCSN. Sigga: We have a coordinated needs assessment for both prevention and care, but the SCSN is a different product. KHPAC does have an impact on HRSA through the needs assessment just completed. David: The last SCSN done was in 2005 (this is only for the HRSA grant). KHPAC received some TA on the SCSN, but has not had to deal with that yet. Not sure when the next one is due. Gary: aren't we supposed to be more involved with the SCSN too? David: Even I have gone through only one cycle with that, we need more TA on the SCSN and the Comprehensive Plan for the HRSA grant process.

Charlie: I would like to see the positive community join together whether they're gay or black. The African American community person with HIV has more in common with white PWHIV more than with their church community. We could use TA on cultural sensitivity to better blend these two. There's a lot we could teach each other if barriers were removed.

Gary: The gay community did a lot when AIDS first started that the African American community now has to do, too.

David: So, TA on cultural sensitivity, to include positives.

Gary: we need to have TA targeting African Americans, not "minorities" because there are so many different issues.

Sigga: Have the TA to focus separately on African Americans and Hispanics.

Michael Hambrick: I think Charlie was talking about how we could bridge the divide between the positive communities. Not to deal with them separately, but together.

Bruce: Isn't this what Mahjabeen offered to us? (Yes.) And hasn't Rosa Martin provided us with information, too? (Yes.) We could look at getting either or both. Krista: both these cultures are more heavily involved with their churches, just speaking from comparison with me and mine. David: we can plan that.

David: What about changing the term "churches" to "faith-based?" Group agreed.

Krista: What about Corrections? It's in our Annual Report, so we need to continue with this focus. Robbie: we need to focus on what focus we have with Corrections: prevention, services, or re-entry transitional programs? Gary: All three. David: Are we talking about state prisons, jails? Robbie: All.

Krista: What about working more closely with the Department of Education and other venues of education youth. How can we use the Youth Risk Behavior Surveillance System (YRBSS) more?

Renée White offered to talk about the YRBSS ... her team does this. It is a sampling. She can show us how they do it, and what the curricula requirements are by law. Of course, local control can make it look differently from region to region. Her program and the coordinated school health program are both funded by CDC. They are submitting a 5-year grant at KDE right now. Renée will present to us at the December meeting.

Here are the TA needs identified today (in no certain order):

- SCSN/Comprehensive Care Plan
- Cultural Sensitivity/Positives → African Americans & Hispanics ("Bridging the Divide")
- Faith Based
- Corrections (Jails and Prisons)
- Substance Abuse / Scope of problem and data
- Prioritization of different populations.

Gary: is the state still talking about taking over the jails? Dr. Humbaugh: Not as far as I know.

Krista: who will write this up (the TA plan for 2008)? Is it included in the grants? David: Yes. Krista: then include the TA that we'll be getting from Renée in December. David: That's not been done yet. It can be shown as planned though.

Dr. Humbaugh: Include the plan for TA in the Annual Report.

Deborah: we may want some TA on the other drug use that we need to focus on (meth, cocaine, etc). We've had police come and tell us about what they're seeing the most.

Krista: let's combine training for prevention workers and care coordinators again. It's very helpful to have a more coordinated approach.

Karin: another idea would be to explore a TA on a the development of a new population prioritization tool using the Centers on AIDS and Community Health's "*Setting HIV Prevention Priorities and CDC's Guidance for HIV Prevention Community Planning*". Sigga: Stan was going to do that this year, so that is probably very doable.

David led the group through a process of prioritization of the listed TA needs for 2008.

Robbie: How many can we have? Sigga: depends on a lot of things, some of these are free, others we'll have to pay. Krista: are we having an annual retreat again? Sigga: probably.

Krista: let's each prioritize our own list, and then average them together.

David: OK. Each of you list what you prefer on paper, from 1 – 6 ... all present will participate.

CDC Membership Evaluation (done during Lunch)

As members completed their prioritization of TA, Greg handed out the CDC membership surveys so they could be completed during lunch.

Results of prioritization on TA:

- 1 substance abuse
- 2 cultural sensitivity
- 3 corrections
- 4 SCSN
- 5 Faith based

Group broke for lunch and reconvened at 1:00

2008 Timeline (Tabled until December 4, 2007)

Robbie: due to time constraints, David and I will get together and go over the timeline for 2008 and will present it in December.

Presentation of Grievance to KHPAC Membership

David handed out document related to the next agenda item: Grievance on the membership application. Krista will be facilitating the grievance hearing.

Krista read article VII from the bylaws (the grievance procedure). In the fall of 2006 Bruce filed a grievance. Krista gave the floor to Bruce to state his concerns.

Bruce: In Aug 2006 papers were distributed at a KHPAC meeting. Afterwards, once I got home I saw that it was a membership application form. This had already been worked on. So, I started asking why; when; and how this new version came into existence. I heard that CDC and HRSA had some concerns about our membership application form. But I was never sure what those issues were. I wasn't aware that a new application was being worked on. I had asked about the process, but did not get a reply back. I had never had a chance to look at the new application before it was given out. That was the point of my grievance. It has since taken over a year, and I just want it resolved without any animosity. Specific concerns about the application include: questions the age grouping; and that gender includes "other, please specify." For PIR (parity, inclusiveness, and representation), the application needs to have MSM, MSM/IDU, etc. Race is also a concern. African Americans are not all "black" and not all black people are from Africa. Luta was from South Africa, and she's not black. Not all white people are European, either. I think that the initial steps taken or not taken were done without intention. Maybe everyone here knew that the application was being changed? That's all I have.

Krista: are there were questions from the group for Bruce? Beth: what information do you feel is not being provided by the application? Bruce: not sure since it's not here in front of us.

Gary: asked Bruce for clarification ... did you want to have a comparison with the old application? Is it an issue of terminology? Bruce: Let me ask this ... what was it specifically that CDC saw wrong with our application? Gary remembers something from CDC about 4 or 5 years ago. Beth: what is it that we as a group need to do now? Krista: we're at step 3 of the grievance process, where after discussion, the full body makes a vote on what to do next, if anything. Beth: there are two issues at hand. One is the process, and yes there have been gaps. However, I do remember the reason we changed the language is directly from CDC (on the Hispanic part). What we found is that we could make the application to give us more information, but we cannot write it to give us less information required by the CDC. As I see it, six of nine questions on the application present cultural competency questions. Krista: I think the way we talked about one versus two letters is like this issue. We have to be careful not to lose what focus we are trying to make, and yet fit it into words that governmental officials dealt with.

Gary: To me, we're not keeping representation like we used to. I understand there's only one seat for Western Kentucky, although we keep getting more AIDS cases there. I understand that it has changed with the merger.

Krista: The process of coming up with a new application is one issue. The content is another.

Deborah: What prompted us to write a new application form? Sigga: we have some e-mails from Luta that shows someone in the membership thought we needed to make some changes. Some worked on it, brought it to a meeting and voted on it. Michael: Did the group go over the changes on the new application at the meeting where they voted? Sigga: the entire application was handed out, not just notes on the changes. Bruce asked if others here today remembered this. Six people raised their hands.

Beth: When I look at this application, I can see where I'd have problems fitting into several of the check boxes. It does not feel friendly or accepting of who I am. If you're not making a special effort to accentuate the differences between people and their needs, then you can't think of yourself as reaching out to people. I think we need to look at the application again to make sure that we have what we intend and need to have.

Stephen: If MSM/IDU is not on the application, we do need to have that added. The current ("new") membership application was projected onto the wall for the group to review. Krista went over each of the demographic components. All we need to add is "check all that apply" in parenthesis to the risk category section. Krista: Motion made to add this. Charlie 2nd. Consensus reached.

The second issue is the process. Bruce: We have a group that is supposed to be working on the grievance procedure. Krista: Aren't you part of the process of changing the grievance procedure? Bruce: Yes. Krista: Can we defer any other discussion on the process until the group has had a chance to work on the new grievance procedure? Bruce: Yes.

Krista apologized to Bruce that this has taken so long. David also apologized that it has taken this much time to get to this point in our process. It was not anyone's intention to have this drawn out. Where ever the breakdowns were, Robbie and I take responsibility for that. We should have been able to resolve this with you long ago.

Gary: Well, I kind of feel hurt. We were talking about the application and the application process. I was talking about how it used to be done and was told that this wasn't the time to have this conversation. Who knows when we'll be able to have this conversation again? Sorry if I have wasted anybody's time, but I thought it was tied into what we were talking about (epi representation within the KHPAC membership). I think we need to keep a close eye on the epidemic's representation in the group.

Krista: your issue was very important; my role was to keep us focused on clearing up the grievance before us. I didn't mean that your points were not good, just not directly related to the grievance at hand.

Nominations for Community Co-Chair, Policy & Promotion Chair, Members at Large

Robbie: since so many are not here today, we will take nominations now, send out those names with the continued opportunity to add nominations for the next two weeks (we'll get e-mail out). When we meet again, each nominee will have two minutes to vie for votes during the meeting. Robbie called for consensus on receiving nominations this way and it was given.

Nominations made thus far:

<u>Community Co-Chair</u>	<u>Policy and Promotion Chair</u>	<u>Members at Large (need 2)</u>
Gary Fowler	Gary Fowler	Charlie Kessinger
Tim McAdoo	Tim McAdoo	Michael Logsdon
Robbie Stone	Robbie Stone	Kathleen O'Malley
Paul Trickel	Paul Trickel	Beth Harrison-Prado
Krista Wood		Monica Smith
		Krista Wood

Consensus was reached to close nominations for the day (*although still technically open for two weeks*).

Robbie asked that these candidates getting an e-mail out to greg.lee@ky.gov accepting their nomination.

Grievance Policy Update

"Investigating Grievances/Complaints" was handed out as prepared by Tim McAdoo. Aunsha Hall reviewed the timeline of the proposed policy. KHPAC will vote on acceptance of the grievance policy at the December 2007 meeting. All grievances should be resolved within 90 days. Bruce asked: what if we don't have any scheduled meetings for several months? how would the procedure flow? Beth: If we get to a point where a grievance has come forth, and we have no scheduled meetings, we will just have to schedule a meeting.

Parking LOT:

- 1 CDC grant match contract
- 2 Bylaws change – funding for non-approved members
- 3 Prevention - uncircumcised men
- 4 Look at representation breakdown of KHPAC w/epidemiology
- 5 Warning letters regarding attendance should be a written policy, not just a practice.
- 6 Are we going back to the category of "old business" in the agenda? The Parking lot, approval of minutes, and old business should be on every agenda.

The executive committee will look at the parking lot and delegate the responsibilities. Krista moved that, at each meeting, we designate all parking lot issues to go to the Executive Committee for further assignment. 2nd by Beth. After brief discussion, consensus was reached.

Sigga: Krista has asked if KHPAC can send her to USCA. We're looking at KHPAC budget and we're a little in the red because we've held more meetings than planned. We'll probably be using some HRSA funding for getting a new laptop for the co-chair. If we can wait until Monday, we may have a better idea of salary savings available. David: HRSA won't even pay for staff to go to the USCA, although we're checking into that to see if anything has changed. Sigga: If we find the funding, does KHPAC wish to send Krista to USCA. Beth moved so. Aunsha 2nd. Consensus reached to assist sending Krista to USCA if the funding is available.

Sigga: Greg got the Year End Report to Charlie Kendell. Greg: we need hard copies produced. Sigga: We still need to talk with Charlie Kendell about asking for some time in front of the Health and Welfare Committee. We need to find out how many copies are needed, and when.

Meeting adjourned at 3:45.